

MENTAL HEALTH UPDATE

July 31, 2007

THIS WEEK'S BANNER OF HOPE ---

“Consider calling it a challenge rather than calling it a crisis.”

ADULT MENTAL HEALTH

Gubernatorial Appointments to the Statewide Program Standing Committee for Adult Mental Health

Governor Douglas recently made a new appointment to the Adult Standing Committee: Lise Ewald, of Northfield. As both a mental-health consumer and a family member of an adult with mental illness, Lise can bring invaluable insights and perspectives to the work of the Standing Committee. She has a special interest in improving the lives of people who have mental illnesses.

The Governor also made two reappointments to the Adult Standing Committee: Clare Munat, of South Londonderry, a family member who has been prominent for a long time in the leadership of the National Alliance for Mental Illness of Vermont (NAMI—VT), and Martha (Marty) Roberts, of Montpelier, a consumer with a national and international reputation for her expertise in recovery. Welcome, Lise. And welcome back, Clare and Marty.

CHILDREN'S MENTAL HEALTH

Children's Mental Health Unit Participates in the Vermont Coalition of Residential Programs (VCORP) Residential System of Care Survey

Early this year the Children, Adolescent and Family Unit (CAFU) reported about a Vermont Public Manager's (VPM) Program survey about children served through in-state and out-of state residential treatment programs. The VPM project has now been completed and will be presented to the State Interagency Team (SIT), The Case Review Committee (CRC) and AHS Deputy Commissioners from DCF and DMH on Aug 9th.

To collect more focused data and complement the VPM survey data, CAFU will be working with VCORP to implement a second survey. The VCORP survey will gather information from current and past residential programs and foster parents as well as case managers and parents, to find out what is working well for kids in residential care or waiting for residential care. The data should also tell us what needs to be improved to ensure that our system is providing the best treatment and supports for the group of children requiring a residential placement.

Last summer, VCORP members and representatives from DCF and DMH reviewed information about Vermont's children and youth in residential programs. They concluded that many questions still needed to be answered regarding residential placements such as why some kids bounce from program to program, have to go out of state and/or have to wait many months to access the appropriate level of care. It was this process that led to the interagency and community collaboration to coordinate this second survey.

The survey is designed to get specific answers about every child and youth who was in or waiting for residential treatment from July 1, 2006 through April 30, 2007. For each child, a letter will be sent to the residential program, foster parent, case manager and parent asking them to complete a survey asking detailed questions about services provided and, if applicable, what unmet needs contributed to the multiple placements. The survey will be conducted between July 30 – August 24th. The survey will be web based and will provide detailed information about how Vermont's System of Care responds to our children and youth with the most intensive needs. This will be valuable information to add to the conclusions of the VPM survey about what types of presenting behaviors have led to children being placed in residential treatment. Once this survey is completed, we will review all the information and make some more informed decisions about how to ensure that children and youth in Vermont receive the most appropriate and timely residential placement with positive outcomes.

FUTURES PROJECT

Second Spring

The programming and daily offerings at Second Spring are become more developed and diverse. Residents are encouraged to participate in recovery sessions on symptom self-management, and friendship and intimacy. Exercise equipment was purchased to encourage physical activity and computer training is now offered.

The recovery model itself is evolving. Recovery Teams have replaced treatment teams. There are expectations for attendance at recovery group meetings. Family involvement is happening to a greater degree at Second Spring than when residents were at VSH, in some cases.

All are welcome to the Community Advisory Meetings at Second Spring on the third Thursday of the month, 5:00-6:30 p.m., and refreshments are provided. The next meeting is August 16th. Marty Roberts is the group facilitator.

Futures Planning for Corrections

Planning for the inpatient mental health treatment needs of inmates and other offenders is taking place in three principal arenas: (a) the Corrections Inpatient Work Group, (b) the *ad hoc* subcommittee of the work group, and (c) the Corrections Oversight Committee of the legislature. DMH is exploring with the stakeholder community a number of concerns, including prevalence of acute mental health needs among inmates, mental health/substance abuse treatment services offered to inmates, and the challenge of responding to self-harming behaviors.

The specific charge before the subcommittee is to define the clinical criteria for admission to a hospital for people incarcerated in Corrections, including Emergency Exam admissions and those voluntary in nature. The criteria will be used in analysis of past admissions to provide an estimate of needed bed capacity for Corrections in program replacement of VSH.

Minutes of the Corrections Inpatient Work Group (July 16th) and the Corrections *Ad Hoc* Subcommittee (July 19th) are posted on the Web site.

Facilities Planning for VSH Successor Programs

Rutland Regional Medical Center presented a vision for revamping its psychiatric program and facilities to the Futures Advisory Committee. Dr. Jeff McKee, Director of Psychiatric Services, described changes already in place with RRMHC's new leadership team, and intentions to work toward system improvements, closer collaboration with stakeholders, and re-design of available space that would essentially double inpatient psychiatric capacity. The Rutland hospital expressed strong interest in playing a key role in the development of successor programs to VSH, committing itself to bringing about a genuine culture change in the way psychiatric inpatient services are provided, and the extent of community collaboration.

In a roundtable discussion following each presentation, Advisory Committee members offered many comments and questions. DMH is compiling follow-up for Rutland Regional Medical Center, which may be sent to Beth Tanzman (btanzman@vdh.state.vt.us). The questions and responses will be provided in upcoming Mental Health Updates.

Frank Pitts, Principal of Architecture+ and a consultant on the Futures project, described the developing space characteristics for VSH-Successor Inpatient Programs including

- All private bedrooms
- Sub-units/residential clusters
- Emergence: Houses, Neighborhoods, Downtowns to provide a range of meaningful choices.
- Access to secure outdoor space

A national expert in the design of psychiatric facilities, and a family member, Frank showed slides of the latest concepts in the configuration of patient rooms—their House—adjoining spaces for dining, activities, group therapy, visitors, clinical team cluster and offices—their Neighborhood—and the areas for library, bank, chapel, classroom, pharmacy, admissions—their Downtown.

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

Outcome Data

VISI is now working with 28 providers around the state to help build their capacity to provide services for people with co-occurring conditions. Beginning in October, 2007, all 28 agencies will be collecting outcome data on screening, assessment and treatment of people with co-occurring conditions. These data will be aggregated so Vermont will be able to analyze the data and produce statewide reports.

VISI Peer Program

There will be a Peer Conference held at the Cortina Inn in Killington on September 28th from 10 am to 4 pm. The theme of the conference is the lingering stigma that inhibits people from receiving community based supports that would be welcoming for co-occurring conditions. Conference workshops will focus on co-occurring education and successful recovery models for people with co-occurring conditions.

Upcoming Steering Committee Meeting

On August 10 from 9:00 am to Noon there will be a VISI Steering Committee meeting at the Langevin House on the Vermont Technical Center's campus in Randolph. The goal of the meeting is to begin a planning process that will establish a basic understanding of the expectations and principles of integrated care across the broader system of care. At this meeting, Peter Lee, ADAP Director of Treatment Services and Michael Hartman, Commissioner of Mental Health, will formally introduce the Vermont Department of Health's Policy on Co-occurring services and led a discussion about it. They will also discuss the initiation of a process for planning for a comprehensive, integrated system of care for people with co-occurring conditions.

VISI Training Opportunities

- Module 2 of the VISI Co-occurring 101 training for PATH providers and Recovery Center support staff will be on August 24th from 10 am to 1 pm at the Vermont Technical Training Site in Randolph.
- On October 12, VISI will be sponsoring the keynote speaker and several workshops at the Valley Vista Conference on Co-occurring Disorders at the Lake Morey Inn. The keynote speaker is Terence Gorski, an internationally recognized expert on substance abuse, mental health violence and crime.

VISI Resources

For more information about the meetings discussed above or to join the committees please contact Paul Dragon at 652-2020. Also, for more information about VISI, check out the VISI website at <https://healthvermont.gov/mh/visi/>. The consumer brochures on co-occurring disorders are now available. They are a great way to get basic information across to people in need of services. If you are interested in receiving these brochures, please contact Paul Dragon.

VERMONT STATE HOSPITAL

New Patient Representative Hired

A new position of Patient Representative, created by VSH and Vermont Psychiatric Survivors, (VPS) has been filled by Jerry Paige. An employee of VPS, which has a contract to provide this service, the Patient Rep is a 15 hour per week position that reports to Scott Perry, Quality Manager for Clinical Services at VSH. Both VSH and VPS participated in the selection of Jerry who had a 30-year career working in a variety of counselor, training and administrative roles for Vermont's Vocational Rehabilitation Division.

The responsibilities of the Patient Representative are quite specific: to offer to meet with each patient, and to be available for follow-up conversations so that he can offer information about any and all of a patient's rights during hospitalization. The right to submit a grievance is included, but the hope is that Jerry will encourage patients to attempt to resolve problems directly with clinical staff, rather than to simply submit a grievance as a matter of routine.

The Patient representative will perform his duties by meeting with patients on the inpatient units in the Interview Rooms, Day Rooms, and Dining Rooms. He will not meet with patients in patient bedrooms and will not have access to the unit's Nurses' Stations or to medical records.

The hope is that the Patient Representative position will become a useful resource for members of the VSH treatment staff as well as for patients. By working for VPS, it is hoped that the VSH Patient Rep will be able to maintain a high degree of sensitivity to consumer-oriented concerns and perspectives.